

NO. OF COPIES RECEIVED		7
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

RECEIVED

MAR 10 1966

I. Operator Gulf Oil Corporation		O. C. C. ARTESIA, OFFICE	
Address Box 670, Hobbs, New Mexico			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bunnel "A" Federal	Well No. 1	Pool Name, Including Formation Lusk Strawn	Kind of Lease State, Federal or Fee Federal
Location			
Unit Letter F	1980 Feet From The North Line and 1980 Feet From The West		
Line of Section 14	Township 19-S	Range 31-E	NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 4157, Midland, Texas	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> None - gas is vented, waiting on tank battery construction	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 14
	Twp. 19-S	Rge. 31-E
	Is gas actually connected? No	
	When	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded 1-22-66	Date Compl. Ready to Prod. 3-3-66	Total Depth 11,410'		P.B.T.D. 11,357'				
Pool Lusk Strawn	Name of Producing Formation Strawn	Top Oil/Gas Pay 11,202'		Tubing Depth 11,125'				
Perforations 11,310-12', 11,302-04', 11,287-89', 11,229-31', 11,210-12' & 11,202-04'.		(Perforations 11,312' - 11,287' are packed off W/BP.)		Depth Casing Shoe 11,409'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		709'		450 sacks (Circulated)			
11"	8-5/8"		3953'		830 sacks (TOC at 2215')			
7-7/8"	5-1/2"		11,409'		190 sacks (TOC at 10,000')			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks March 3, 1966	Date of Test March 9, 1966	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 950#	Casing Pressure -	Choke Size 18-64"
Actual Prod. During Test 497 barrels	Oil - Bbls. 497 barrels	Water - Bbls. 0	Gas - MCF --

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Area Production Manager

March 9, 1966

OIL CONSERVATION COMMISSION

MAR 10 1966

APPROVED _____, 19____

BY **W. A. Gressett**

TITLE **OIL AND GAS INSPECTOR**

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.